

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049607

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

13097

FILED JAN 9 1964

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO:

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. LouisLength of stay in 1b  
60 yearsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Louis City HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTYc. CITY  
OR  
TOWN St. Louis,Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)  
3318-A Park Ave.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

OSCAR

Middle

F.

Last

KECK

4. DATE  
OF  
DEATH

Month

Day

Year

December 31 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3/28/1890

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

## 10b. KIND OF BUSINESS OR INDUSTRY

Linotype

## 11. BIRTHPLACE (City and state or country)

Chaffie, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Evan C. Keck

## 13b. MOTHER'S MAIDEN NAME

Sarah Woodruff

## 14. NAME OF HUSBAND OR WIFE

Sarah Orr Keck

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

No

## 16. SOCIAL SECURITY NO.

Mrs. June Thomas 3318-A Park Ave.

18. CAUSE OF DEATH (Enter only one cause of death)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arterio-sclerotic Heart Disease

INTERVAL BETWEEN  
ONSET AND DEATH

5 years

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

4200

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from about Jan 1955 to 12-31-63 and last saw him alive on 11-30-63  
Death occurred at 2 on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Cremation

## 23b. DATE

Jan. 3, 1964

## 23c. NAME OF CEMETERY OR CREMATORY

Valhalla, Crematory

## 23d. LOCATION (City, town, or county)

St. Louis County, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Beiderwieden F.H. Inc. 1936 St. Louis Ave

## 25. DATE RECD. BY LOCAL REG.

JAN 2 1964

## 26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

DR. JOHN SKINNER  
35 No. CENTRAL AVE.  
CLAYTON, MO.

PA-6-1166

2:30 To 6 PM THURSDAY  
12-64

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4520

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.